

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
P.O. BOX 6216
501 W. Felix, Bldg. 1, Dock 1
FORT WORTH, TEXAS 76115

TELEPHONE: 817-334-5515
FAX: 817-334-5630

REQUEST FORM for BANKRUPTCY CASES RETURNED by MAIL or FAX (Circle One)

Please follow the steps below to obtain photocopies of your desired BANKRUPTCY request. Payment by check, money order or major credit card.

STEP 1 CASE INFORMATION- For each case obtain the information (for the boxes below) FROM THE BANKRUPTCY COURT where the case was closed. Your request **CANNOT** be serviced without the correct information in each of these blocks.

Please use one form per case. Orders will not be taken by phone.

CITY WHERE COURT IS LOCATED	FRC ACCESSION NO. 021 -	FRC LOCATION NO.
CASE FILE NAME (S)	CASE FILE NO.	AGENCY BOX NO.

STEP 2 REQUEST INFORMATION

A. PACKAGE - The following documents: (NO SUBSTITUTIONS)

Order of discharge, Order of Dismissal, or Final decree

Voluntary Petition

Summary of schedules

Creditors holding unsecured nonpriority claims (schedules A1, A2, and A3 OR schedules D, E and F)

☐ A1-MAIL/FAX \$10.00 ☐ A2-MAIL W/CERTIFICATION \$16.00

*** ☐ SEND FED EX-additional \$7.50 OR use my FED EX# _____

B. ENTIRE - All documents in case. (Page limit: 70) **You will be notified if it exceeds.*******

☐ B1-MAIL (only) \$35.00 ☐ B2-MAIL W/CERTIFICATION \$41.00

*** ☐ SEND FED EX-additional \$7.50 OR use my FED EX# _____

[NO SELECTED DOCKETS]

STEP 3 RETURN INFORMATION

Information needed to process and return your request. (Please Print)

NAME _____

ADDRESS _____ [NO P.O. BOX #'S FOR FED EX]

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE NUMBER () _____

FAX NUMBER () _____ **We will not fax a package over 50 pages (we will mail)**

PAYMENT:

By mail: Check or money order payable to: NATIONAL ARCHIVES TRUST FUND. (If you request more than one case please provide a separate check for each request in case one of your requests is unserviceable).

By fax or mail: Credit card payment must be by MasterCard, VISA, AMERICAN EXPRESS OR DISCOVER.

ACCOUNT# _____ EXP. DATE _____

PLEASE DO NOT SEND CASH!

STEP 4 SUBMIT REQUEST- TO THE ABOVE ADDRESS OR FAX NUMBER.

Rev. November 2000